

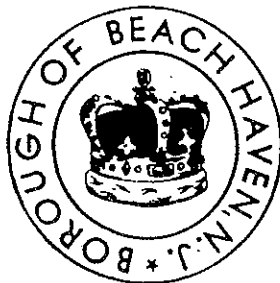
Charles E. Maschal, Jr.  
Mayor

Robert Keeler  
Council President

Nancy Taggert-Davis  
Councilwoman

Edward Kohlmeir  
Councilman

S. James White  
Councilman



Richard S. Crane  
Municipal Manager

Sherry Mason, RMC  
Municipal Clerk

SHARON L. VOISINE  
Tax Collector

## OFFICE OF THE TAX COLLECTOR

300 ENGLSIDE AVENUE

BEACH HAVEN, N.J. 08008

PHONE # (609) 492-1515 • FAX # 492-1109

### TAXES

Return by:	For Payment On:
January 1 <sup>st</sup>	February 4 <sup>th</sup>
April 1 <sup>st</sup>	May 4 <sup>th</sup>
July 1 <sup>st</sup>	August 4 <sup>th</sup>
October 1 <sup>st</sup>	November 4 <sup>th</sup>

### WATER

Return by:	For Payment On:
June 1 <sup>st</sup>	July 4 <sup>th</sup>
November 1 <sup>st</sup>	December 4 <sup>th</sup>

### DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX AND WATER PAYMENTS

#### TAX AND WATER ACCOUNT INFORMATION

Name:			
Property Address:			
Block:	Lot:	Qualifier:	Daytime Phone Number:
Mailing (Street) Address:			
City:	State:	Zip Code:	
E-mail address:			

#### BANKING ACCOUNT INFORMATION

For account verification purposes, kindly attach a voided check or a voided savings account deposit slip with this application.			
Routing (ABA) Number:			
Bank Account Number:			
Bank Account Type:	Checking	<input type="checkbox"/>	Savings <input type="checkbox"/>
Bank Name:			

#### DIRECT DEBIT AUTHORIZATION

I hereby authorize the Borough of Beach Haven to debit my checking or savings account for the municipal charges I have indicated below. I understand that these charges will continue being deducted automatically from my checking or savings account until I make a written request to the Borough of Beach Haven to discontinue direct debit of my account.

Municipal Taxes ☐

Water Charges ☐

All insufficient funds will incur a \$20.00 processing fee.

Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for municipal charges.

If a weekend or holiday occurs on the debit date, we will debit your account on the next banking day.

Original Signature \_\_\_\_\_

Date \_\_\_\_\_

Copies or faxes will not be accepted.